

Reflections on Evaluation: Hawaii CAMHD

by

University of California San Francisco

Child Services Research Group

Rosenblatt, Hilley, Thornton, & Frank

2003

Summary prepared by Eric Daleiden, CAMHD

Goals

1. Examine current evaluation system and summarize its advantages and disadvantages.
2. Provide consultation regarding how to maximize value of current system
3. Provide options for future directions

Methods

1. Discussions with

- a. CAMHD providers, leadership, evaluation staff
- b. Family representatives
- c. Interagency partners (Education, DHS, & OYS)

2. Document review

- a. Clinical and Coordinated Service Planning Reports
- b. Annual Performance Reports
- c. Sustainability Reports
- d. Special Study Reports

CAMHD Strengths

1. Plan for Use of Information
2. Commitment to Improve Services
3. State-of-the-Art Measures & Tools
4. Integration of Utilization & Outcomes
5. Management Information System
6. Clinical Dashboard
7. Sentinel Events Monitoring
8. Broad Information Availability
9. Evidence-Based Practice

CAMHD Strengths: General Praise

The Hawaii Child and Adolescent Mental Health Division clearly has a carefully developed and sophisticated evaluation system (p. 9)

This is a highly evolved mental health evaluation system with a predominant focus on the improvement of clinical practice (p. 10)

It is not too strong to state that in this regard, the CAMHD system is a potential model for other sites nationwide (p. 11)

The current CAMHD evaluation system is exceptionally strong and can even potentially serve as a national model for practice level evaluation strategies (p. 12)

CAMHD Strengths: Planning, Measurement, Commitment

The strengths of the system are numerous, and include most predominantly:

- A well-articulated plan for the use of the information
- The use of state-of-the-art measures and tools, and
- A strong commitment to using information to improve services (p. 10)

CAMHD Strengths: Creative Integration

The system is exceptional in two key ways:

- The creative and skillful methods being established to package and use information from these measures for clinical decision making; and
- The creative integration of management information system data on service utilization with measures of functional status to create clinical decision making tools (p. 4).

CAMHD Strengths: Management Information System

The existence of a strong Management Information System that collects utilization and cost data and the ongoing work to integrate the MIS with the outcomes systems are also among the most important aspects of the current system (p. 10)

CAMHD Strengths: Exemplary Projects

A “clinical dashboard” that was recently developed also received unanimous praise as did a sentinel events-tracking process. (p. 5)

CAMHD Strengths:

Broad Information Availability

Much of the individual level data is available on a day-to-day basis as decision support for clinical directors and other staff (e.g., dashboard clinical reports), monthly in aggregate form to monitor branch performance, and/or rolled-up various levels (e.g., provider, branch) for inclusion in reports (e.g., annual performance report) that inform policy. (p. 4)

CAMHD Strengths: Evidence-Based Practices

The use of evidence-based practices remains a strong characteristic of CAMHD and significantly influences the characteristics of the current evaluation system. (p. 3)

People have developed an internalized evidence-based approach. (p. 5)

Recommended Improvements

1. System Refinements
 - a. Measurement Adjustments
 - b. Programmatic & Policy Analysis
 - c. More Decision-Making Tools
2. System Developments
 - a. Interagency Context
 - b. Policy Context
 - c. System Level Evaluation

System Refinements: Measurement Adjustments

1. It may be possible to move to six-month administrations of the Achenbach scales with little loss of data...put that effort into obtaining sufficient numbers of follow-up assessments. (p. 10 – 11).

System Refinements: Programmatic & Policy Analysis

2. This opportunity [integrating outcome and utilization] represents a potential growth in emphasis from clinical decision making to broader, more programmatic and policy oriented tools.

The pragmatic challenges appear to have been largely overcome, leaving the analytic work as a potential major goal. (p. 11)

System Refinements:

More Decision-Making Tools

3. Overall, staff appreciated the clinical dashboard, and clinical staff appreciated its value as a decision tool, and were clearly expressing the desire to have more such tools. (p. 7)

System Developments: Interagency Context

1. Measures of primary interest to partner agencies receive considerably less emphasis...there could be considerable value to broadening the evaluation system to include these concerns (p. 11)

Measures of particular interest include: arrests and juvenile justice recidivism, educational achievement and attainment, rates of out-of-home placement, substance use, and child protective services involvement. (p. 12)

System Developments:

Policy Context

2. Measures of safety and welfare are especially germane to the policy arena...consider measuring variables such as arrest rates, suicide rates, and rates of comorbid conditions such as drug use (p. 12)

Policy decisions are especially likely to be driven by concerns of access or equity and of efficiency...future developments along these lines may be possible as well, especially with regard to equity and cost within an interagency perspective (p. 12)

System Developments: System Level Evaluation

3. An interagency policy team could put in place strategies for avoiding unnecessary placements for the state and those strategies could be evaluated through the use of statewide placement rates (p. 13).

Final Caution

Any evaluation system exists within an environment of resource constraints...care must be taken if such directions are chosen to not compromise the progress already made.
(p. 13)